Hodgson Russ LLP

Signature

Name

Total of

Typed or Printed

David L. Principe

forms are submitted.

PTC/SB/122 (11-08)
Approved for use through 11/50/2011. OMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS Application	Application Number	10/579,693
	Filing Date	May 17, 2006
	First Named Inventor	Edgar Von Gelihom
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Art Unit	1792
	Examiner Name	David P. Turocy
	Attorney Docket Number	041281.00010
Please change the Correspondence Address for the above-identified patent application to:		
The address associated with		1
— Cusumai Number.	26712	<u> </u>
OR		
Firm or Individual Name Hodgson Russ LLP		
The Guaranty Building Address 140 Peerl Street, Suite 100		
City Buffalo	State NY	Zip <sub>14202-4040</sub>
Country US		
Telephone (716) 856-4000	Email	
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).		
I am the:		
Applicant/Inventor		
Assignee of record of the entire interest. Startement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
Attorney or agent of record. Registration Number 39,336		
Registered practitioner named in the application transmittal letter in an application without an executed eath or declaration. See 37 CFR 1.33(a)(1). Registration Number		

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gethering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Cited Information Officer, U.S. Petert and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1460.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Telephone

(716) 858-4000

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.